

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101603617  
APPLICANT(S)

FILING DATE

7/16/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					2	
TOTAL DEP.						
TOTAL CLAIMS					15	

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.	2		
TOTAL DEP.	15		
TOTAL CLAIMS	17		